

UNITED STATES DEPARTMENT OF AGRICULTURE  
RESEARCH, EDUCATION AND ECONOMICS AGENCIES

**LEAVE TRANSFER PROGRAM – LEAVE RECIPIENT APPLICATION**

**INSTRUCTIONS:** Use this form to apply to be a leave recipient under Public Law 100-566. Attach to this form a description of the nature and severity of the medical emergency and appropriate documentation of the medical emergency: a physician's certificate, the medical prognosis, and anticipated duration of the condition. After completing this form, forward through your supervisor and timekeeper to the agency designated Leave Transfer Coordinator.

**PART I - APPLICATION AND CERTIFICATION**

*(To be completed by the applicant or designee on his/her behalf)*

1. NAME OF APPLICANT (Last, First, Middle Initial)		2. POSITION TITLE		3. SOCIAL SECURITY NUMBER	
4. ORGANIZATIONAL LOCATION (Agency, Division, Branch, Section)			5. OFFICE ADDRESS		
			6. OFFICE TELEPHONE AND FAX NUMBERS		
7. TIMEKEEPER NAME (Last, First, Middle Initial)			8. TIMEKEEPER'S TELEPHONE AND FAX NUMBERS		
9. ANTICIPATED DURATION OF MEDICAL EMERGENCY		10. DATES LEAVE EXHAUSTED		11. DONATED LEAVE REQUESTED	
START DATE		END DATE — ANNUAL			
END DATE		END DATE — SICK			
12. HAVE YOU DISCUSSED YOUR LEAVE WITH YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO					
13. ARE YOU INVOKING THE FAMILY LEAVE ENTITLEMENT OF UP TO 12 WEEKS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
14. IF YOU HAVE LEFT OVER DONATED ANNUAL LEAVE, WOULD YOU LIKE THAT LEAVE APPLIED TO ANY NEGATIVE LEAVE BALANCES YOU HAVE INCURRED WHILE IN THE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO					
15. DO YOU WISH TO PUBLISH YOUR REQUEST FOR LEAVE DONATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
16. IF YES TO QUESTION 15, DESCRIBE BELOW WHAT YOU WOULD LIKE STATED.					

APPLICANT'S SIGNATURE	SUPERVISOR'S SIGNATURE	TIMEKEEPER'S SIGNATURE
DATE	DATE	DATE

**PART II - AGENCY REVIEW AND APPROVAL**

APPLICATION APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
SIGNATURE	TITLE	DATE

**PRIVACY ACT STATEMENT**

5 U.S.C. 6311 authorizes the collection of this information. Your social security number is requested solely for the purpose of identifying leave donors. Disclosure of this information is voluntary; however, failure to furnish this information may result in disapproval of this application.